



## Application for Group Membership and Authorization for Release of Insurance Data

Mail to Association:
Employer:

Retro ID: \_\_\_\_\_

UBI: \_\_\_\_\_

L&I Account No: \_\_\_\_\_

Application Deadline: \_\_\_\_\_

Coverage Year Beginning: \_\_\_\_\_

If you have more than one L&I Industrial Insurance Account you **must** enroll all sub-accounts that are of a similar business nature. You **may** elect to enroll all dissimilar businesses.

If you want to enroll **dissimilar** businesses, please check the sub-account box. —————>

If you have questions about this requirement, please contact the business association listed above or L&I at 360-902-4851.

**As a member of the sponsoring organization listed above, the employer applies for enrollment in the retrospective rating group sponsored by the organization. L&I will notify the sponsoring organization of acceptance or denial of your application to participate in the group. It is the responsibility of the sponsoring organization to notify you of this acceptance or denial. As a pre-requisite of enrollment each of your Industrial Insurance Accounts must be in good standing at the time of enrollment or you will not be allowed to participate in retrospective rating.**

**By signing this application, the employer named above agrees with all of the following conditions:**

- L&I will automatically re-enroll the employer as a member of the group in future coverage periods provided the employer's Industrial Insurance Account is in good standing at the time of re-enrollment. If the employer does not want to participate in future coverage periods the employer or sponsoring organization must notify L&I in writing prior to the beginning of the respective coverage period.
- The employer authorizes L&I to furnish the sponsoring organization or their designee with data and information obtained from the employer's Industrial Insurance Account(s).
- The sponsoring organization will represent the employer in all matters applicable to retrospective rating participation and the employer's Industrial Insurance Account(s).
- The employer agrees to comply with L&I rules, regulations, and laws and is bound by the terms of agreement between the sponsoring organization and L&I.
- The employer will cooperate with L&I's claims management activities and will participate in the sponsoring organization's claims management and workplace safety initiatives.
- All retrospective rating adjustments that may be earned by the employer will be giving to the sponsoring organization. L&I is not involved in the distribution of a group refund to the individual group members except in the case of defunct group.

These conditions are in effect immediately and will remain in effect through the term of any agreement between the sponsoring organization and L&I.

NOTE: L&I disclaims any interest in any other contract you may enter into with the sponsoring organization as their pre-requisite of your participation in the retrospective rating group that they sponsor, and L&I neither approves or disapproves of any language or provision contained in these other contracts.

**Return this application directly to the above organization. DO NOT send this application directly to L&I.**

Signature of owner, partner, or corporate officer of the employer name above is required to participate in this retrospective rating group.

Title	Owner, Partner, Corporate Officer	Date
Type or Print Name	Signature	